Department of Vermont Health Access
Pharmacy Benefits Management Program
DUR Board Meeting
Draft Minutes

April 5, 2022: 6:00 – 8:30 p.m.

- **Board Members**
  Present: Mark Pasanen, MD, Bill Breen, RPH, Claudia Berger, MD, Andy Miller, RPH, Margot Kagan, PharmD, Douglas Franzoni, PharmD, Joe Nasca, MD, Renee Mosier, PharmD, Lucy Miller, MD

  Absent: N/A

  Staff: Laurie Brady, RPh, Change Healthcare, Lisa Hurteau, PharmD, DVHA, Sandy Hoffman, DVHA, Jason Pope, DVHA, Marietta Scholten, DVHA, Jeffrey Barkin, MD, Change Healthcare, Mike Ouellette, RPh, Change Healthcare

  Guests: Adam Denman (Global Blood Therapeutics), Angela Hathaway, Beth Morton, Erica Hintze, Frank Lanotte, Jai Persico, Nicole Trask (Janssen), Russell Moyer (Argenx), Matt McMahon, Rasheed Jandali (Janus), Kathleen Bernstein, Nikhil Kacker (Genetech), Kevin Gaffney, Lisa Libera, Punit Patel (Abbvie), Nicholas Primpas, Steve Angelcyk, Tim Birner (Alkermes), Joseph Ward

- **Executive Session**

- **Introductions and Approval of DUR Board Minutes**

- **DVHA Pharmacy Administration Updates**

- **Medical Director Update**

- **Follow-up Items from Previous Meetings**
  - Antibiotics/GI

    Recommendation: Add Aemcolo® (rifamycin) delayed release tablets with QTY LIMIT: 12 tablets, max of 3 days to non-preferred. Add Vancomycin oral solution to non-preferred.

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved
    ☐ Deferred

- **RetroDUR/DUR**
  - Introduce: Concurrent Use of GLP-1 Receptor Agonists and DPP-4 Inhibitors
  - Data presentation: Blood Glucose Test Strip Utilization in CGM Users

- **Clinical Update: Drug Reviews**

Biosimilar Drug Reviews

- None at this time.

Full New Drug Reviews

- Aduhelm® (aducanumab-avwa)

  Recommendation: Add Aduhelm® (aducanumab-avwa) to non-preferred.

  Board Decision:
  ☐ Approved
  ☒ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Invega Hafyera® (paliperidone palmitate) and Lybalvi® (olanzapine and samidorphan)

  Recommendation: Add Invega Hafyera® (paliperidone palmitate) with FDA maximum recommended dose = 1560 mg/6 months to preferred after clinical criteria are met. Add Lybalvi® (olanzapine/samidorphan) with QTY LIMIT: 1 tablet/day; FDA maximum recommended dose = 20mg/10mg (per day) to non-preferred.

  Board Decision:
  ☐ Approved
  ☒ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Loreev XR® (lorazepam)

  Recommendation: Add Loreev XR™ (lorazepam extended release) to non-preferred. Remove Niravam® (alprazolam ODT) from the PDL

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Qulipta™ (atogepant)

  Recommendation: Add Qulipta™ (atogepant) with QTY LIMIT: 30 tablets/30 days to non-preferred.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Trudhesa™ (dihydroergotamine mesylate)

  Recommendation: Add new sub-category Dihydroergotamines. Add Migranal® (dihydroergotamine mesylate) nasal spray with QTY Limit of 8 units/30 days to preferred. Add dihydroergotamine mesylate nasal spray with QTY Limit of 8 units/30 days to non-preferred. Add Trudhesa™ dihydroergotamine mesylate) nasal spray with QTY Limit of 8 units/30 days to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- **New Managed Therapeutic Drug Classes**
  - None at this time

- **Therapeutic Drug Classes – Periodic Review**
  - Acne Agents (new drug Winlevi® (clascoterone) included)

    Recommendation: Add new sub-category Topical – Androgen Receptor Inhibitors with note that all products require PA. Add Winlevi® (clascoterone) 1% cream to non-preferred. Move isotretinoin capsules to non-preferred. Move Klaron and Soolantra to preferred. Remove Benzoyl peroxide 6% cleanser, Cleocin-T (clindamycin) 1% solution, pads, and gel, Azelex 20% cream and Aczone (dapsone) 5% gel from the PDL.

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved
    ☐ Deferred

  - Alpha-1 Proteinase Inhibitors

    Recommendation: No changes.

    Board Decision:
    ☐ Approved
    ☐ Approved with modifications
    ☐ Not approved

☐ Deferred
☒ None Needed

- Antibiotics, Topical

  Recommendation: Remove Cortisporin® cream and ointment from the PDL.

  Board Decision:
  ☐ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred
  ☒ None Needed

- Anti- infectives, Vaginal

  Recommendation: Move Nuvessa™ (metronidazole 1.3% Vaginal Gel) to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Antiparasitics, Oral

  Recommendation: No changes.

  Board Decision:
  ☐ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred
  ☒ None Needed

- Scabicides and Pediculicides

  Recommendation: Remove Elimite™ 5% cream and Eurax®10% cream/lotion from the PDL.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Genital Warts/ Actinic Keratosis Therapies

  Recommendation: Move Efudex® (fluorouracil) 5% cream to non-preferred. Move Fluorouracil 5% cream to preferred. Remove Tolak® (fluorouracil) Cream, Picato® (ingenol mebutate) 0.015% gel, and Picato® (ingenol mebutate) 0.05 % Gel from the PDL.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- **Review of Newly-Developed/Revised Criteria**
  - Spravato® (esketamine)

    Recommendation: Add clinical criteria for MDD with acute suicidal ideation or behavior. Allow dispensing via Pharmacy channel (had previously been restricted to Medical benefit only).

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved
    ☐ Deferred

- **General Announcements**

  Selected FDA Safety Alerts
  - None at this time.

- **Adjourn** **8:20 pm**